BEST AVAILABLE COPY

	PATENT /		N FEE DI e Novemb	RD		09	139	7884	12_			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL	
FOR			NUMBE	R FILED	NUMBEF	EXTRA	RAT		FEE	OR]	RATE	FEE
BASIC FEE							8 . / 9 .		380.00	OR		760.00
TOTAL CLAIMS			20	minus :	20= *		X\$ 9			OR	X\$18=	
INDEPENDENT CLAIMS			3	minus	3 = *		X39	=	-	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							+130)=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								\L		OR	TOTAL	760
CLAIMS AS AMENDED - PART II									.		OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMA		ENTITY	OR	SMALL	
AMENDMENT A		REM Al	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**	=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	N OF M	Minus	***	=	X39:	=		OR	X78=	
	FIRST PRESE	MIAIIC	ON OF MC	JLTIPLE DEF	PENDENT CLAIM	М	+130	_		OR	+260=	
								AL EE		OR	TOTAL ADDIT. FEE	
		(Col	umn 1)		(Column 2)	(Column 3)						
AMENDMENT B		REM Al	AIMS AINING TER NOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=	X\$ 9=	-		OR	X\$18=	:
	Independent	*	N 05 M	Minus	***	=	X39=			OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=	:	OR	+260=	
								AL EE	•	OR ,	TOTAL ADDIT. FEE	
		(Col	umn 1)		(Column 2)	(Column 3)						
AMENDMENT C		CL REM AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=	X\$ 9=	.		OR	X\$18=	
	Independent	*		Minus	***	=	X39=			OR	X78=	
	FIRST PRESE	NIATIO	ON OF ML	JLTIPLE DEF	PENDENT CLAIM	<u> </u>	+130=			1	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	
***	If the "Highest Nu	mber Pr	eviously Pa	aid For" IN THI	S SPACE is less th S SPACE is less th	nan 3, enter "3."	ADDIT. FI	EEL			ADDIT. FEE	
	The "Highest Nun	nber Pre	viously Paid	d For" (Total or	Independent) is th	ne highest number f	ound in the	аррі	ropriate box	in col	umn 1.	

Application or Docket Number